

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. Christian Hospital)

File No. 4072  
Registered No. 1115  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 4619 Brew ave St. 10 Ward. 1  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 1933  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
3 6 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co 1

FATHER 13. NAME Fred Ducker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hoffman Ill 2

MOTHER 15. MAIDEN NAME Selma Gutzler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia Ill 2

17. INFORMANT Fred Ducker (ADDRESS) 4619 Brew ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia Ill DATE Jan 25/1937

19. UNDERTAKER (ADDRESS) Bredbeck funeral home 1936 St. Louis

20. FILED 25 103 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 24 1937

22. I HEREBY CERTIFY, That I attended deceased from JAN 15 1937, to JAN 24 1937

I last saw him alive on JAN 24 1937 Death is said to have occurred on the date stated above, at 10:30 P

The principal cause of death and stated causes of importance were as follows:

Broncho Pneumonia Date of onset 1-17-37

Acute Nephritis 1-20-37

171

Other contributory causes of importance:

Acute appendicitis 1-16-37

Name of operation appendectomy Date of 1-16-37

What test confirmed diagnosis? physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify RTN Bleum (Signed) M. D.

(Address) 4356 Harne

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE, LEAN, WITH OR WITHOUT MARKS—THIS IS A PERMANENT RECORD

10-10-37

